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Bib Data Sheet

CONFIRMATION NO. 6617

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| SERIAL NUMBER 09/867,813 | FILING DATE 05/30/2001 | CLASS 424 | GROUP ART UNIT 1616 | ATTORNEY DOCKET NO. 29785/10000 | | | | | | | | |
| APPLICANTS Gary W. Beall, Ferguson, MO; | | | | | | | | | | | | |
| ** CONTINUING DATA ***** | | | | | | | | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ** | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Foreign Priority claimed</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td rowspan="2"> STATE OR COUNTRY MO </td> <td rowspan="2"> SHEETS DRAWING 6 </td> <td rowspan="2"> TOTAL CLAIMS 25 </td> <td rowspan="2"> INDEPENDENT CLAIMS 2 </td> </tr> <tr> <td>35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after</td> </tr> </table> | | | | | Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MO | SHEETS DRAWING 6 | TOTAL CLAIMS 25 | INDEPENDENT CLAIMS 2 | 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after |
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MO | SHEETS DRAWING 6 | TOTAL CLAIMS 25 | INDEPENDENT CLAIMS 2 | | | | | | | |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | | | | | | | | | | | |
| Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> | | | | | | | | | | | | |
| ADDRESS 04743 | | | | | | | | | | | | |
| TITLE Allergen absorbent, blocking, and deactivating compositions and method | | | | | | | | | | | | |
| FILING FEE RECEIVED 400 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | | | | | | | | | |
| <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table> | | | | | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit | | |
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